



Dear Customer,

Thank you for your interest in enrolling in the Lifeline service provided by Access Wireless.

Completion of this form is required. This form is used for the purpose of verifying your eligibility for and enrolling you in Lifeline and an eligible Access Wireless service plan and will not be used for any other purpose. Lifeline benefits are subject to verification of eligibility by Access Wireless and the National Verifier.

For available rate plans and offerings, please visit accesswireless.com .

Please read through this letter entirely and follow the process below.

1. To enroll into the Lifeline Program, you must first obtain a **National Verifier Approval Code**.

You may obtain this code by:

- a. Enrolling online at <https://www.lifelinesupport.org>.
- b. Completing the enclosed **FCC/Universal Service Administrative Co. Application** and mailing that portion of the application to the address below (**Do NOT send to Access Wireless**):

<p>Lifeline Support Center P.O. Box 1000 Horseheads, NY 14845</p>
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NOTE: USAC may request additional documentation during the enrollment process.

***A National Verifier Approval Code is required to process your Access Wireless application.**

2. Once you have received your National Verifier application approval code, please complete the Access Wireless application for Lifeline and return it, along with copies of your Unexpired Driver's License or State-Issued ID, and your current proof of Address to Access Wireless using one of the following methods:

- **Secure Link**

Upload your application securely at this link:

<https://documents.accesswireless.com/filedrop/ProspectDocUpload>

- **Mail**

Access Wireless
1 Levee Way Suite 1122
Newport, KY 41071

Once Access Wireless receives your completed application and, if approved, your order will be delivered within 7-10 business days. Upon receipt, you will need to complete the activation instructions included to begin using your Access Wireless service.

If you have any questions, please visit accesswireless.com or contact our Customer Care team at 1-866-594-3644.

Thank you for choosing Access Wireless

Lifeline Program Application Form



Universal Service
Administrative Co.

1. About Lifeline

Lifeline is a Federal Communications Commission (FCC) program that provides a monthly phone or internet service discount for qualifying low-income consumers.

Rules

If you qualify, your household can receive a monthly Lifeline benefit of up to \$9.25 to lower the costs of phone or internet service and up to \$34.25 for qualifying households on Tribal lands.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company. You are only allowed to get one Lifeline benefit per household, **not per person**.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other). Complete the Lifeline household worksheet to determine if more than one qualifying household is located at your address. If more than one person in your household participates in Lifeline, you are breaking the FCC's rules and will lose your benefit.

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

If the Lifeline Program Administrator is not able to validate that you or someone in your household qualify by checking available electronic resources (including eligibility databases for the FCC's government agency partners), you may need to provide additional documents. For example, you may need to provide an official document that proves your participation in a qualifying government assistance program, your income, or your identity. Please include copies of your proof documentation when you submit your application to speed up processing time.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6. You can also apply online at **LifelineSupport.org** for fastest processing.

Mail the form to this address:

**USAC
Lifeline Support Center
PO Box 1000
Horseheads, NY 14845**

Lifeline Program Application Form



Universal Service
Administrative Co.

2a. Your Information

All fields are required
unless indicated. Use only
CAPITALIZED LETTERS
and black ink to fill out
this form.

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your phone number (if you have one)?

What is your date of birth?

Month

Day

Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

email

phone*

text message*

mail

*If I selected the phone or text option, I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service.

If I selected the text message option, message and data rates may apply.

Text STOP to end messages.

Lifeline Program Application Form



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2b. Your Information (continued)

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the FCC for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

A map of qualifying Tribal lands is available on USAC's website:
https://www.lifelinesupport.org/wp-content/uploads/documents/get-lifeline/fcc_tribal_lands_map.pdf

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

Is this a temporary address? Yes No **Check if you live on Tribal lands***

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

Lifeline Program Application Form



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2c. Your Information (continued)

Only fill this section
out if you are applying
through a child or
dependent.

Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

First

Middle (optional)

Suffix (optional)

Last

What is their date of birth?

Month

Day

Year

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is their Tribal Identification Number?

Lifeline Program Application Form



Universal Service
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3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through certain government assistance programs or through your income (you do not need to qualify through both).

When you mail this form, **please include documents that show you participate in one of the programs you selected or that you qualify through your income.** A list of acceptable documents is available at LifelineSupport.org

Qualify through a government program:

Check all programs that you or someone in your household have:

Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)

Supplemental Security Income (SSI)

Medicaid

Federal Public Housing Assistance (FPHA)

Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

Bureau of Indian Affairs (BIA) General Assistance

Tribal Temporary Assistance for Needy Families (Tribal TANF)

Food Distribution Program on Indian Reservations (FDPIR)

Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)

Is your income the same or less than the amount listed for your state and household size?

(only check yes or no next to your household size)

	All 48 States, DC, and Territories (not Alaska and Hawaii)	Alaska	Hawaii		
1	\$20,331	\$25,394	\$23,369	Yes	No
2	\$27,594	\$34,479	\$31,725	Yes	No
3	\$34,857	\$43,565	\$40,082	Yes	No
4	\$42,120	\$52,650	\$48,438	Yes	No
5	\$49,383	\$61,736	\$56,795	Yes	No
6	\$56,646	\$70,821	\$65,151	Yes	No
7	\$63,909	\$79,907	\$73,508	Yes	No
8	\$71,172	\$88,992	\$81,864	Yes	No
If more than 8, add this amount for each extra person:	Add \$7,263	Add \$9,086	Add \$8,357	Yes	No

135% of the 2024 Federal Poverty Guidelines

*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Application Form



Universal Service
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4. Agreement

I agree, under
penalty of perjury,
to the following
statements:

*You must initial next to
each statement. If you fail
to initial each statement,
your application will be
considered incomplete.*

By providing a phone number,
you consent to letting USAC
contact you at that phone
number via artificial or
prerecorded voice message or
text for important reminders
and updates about your Lifeline
benefit. For text messages,
message and data rates may
apply. Text STOP to end messages.

Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial I agree that if I move I will give my service provider my new address within 30 days.

Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit.

Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

The certification below applies to all consumers and is required to process your application.

Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

Signature

Today's Date

Lifeline Program Application Form



Universal Service
Administrative Co.

5. Agent Information

Representatives who help consumers apply (such as phone or internet company agents, state and Tribal partners, etc.) are required to register in the Representative Accountability Database (RAD) and must enter their information in this section.

What is the agent's full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Last

Suffix (optional)

What is the agent's Representative ID number?

What is the agent's date of birth?

Month

Day

Year

Lifeline Program Application Form



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Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the FCC's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERF, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline Program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, is available at <https://www.fcc.gov/managing-director/privacytransparency/privacy-act-information#systems/>.

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.



REMINDER

BEFORE SUBMITTING YOUR ACCESS WIRELESS APPLICATION:

Return your FCC/Universal Service Administrative Co. Application to the Lifeline Support Center/National Verifier. Do NOT send to Access Wireless.

<p>Lifeline Support Center P.O. Box 1000 Horseheads, NY 14845</p>
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**Alternatively, you may complete the enrollment process online by visiting <https://www.checklifeline.org/lifeline> for quicker processing.

NOTE: USAC may request additional documentation from you before providing you with an approval code.

If you do not first qualify through the National Verifier, your Access Wireless application will be rejected!!



LIFELINE ENROLLMENT APPLICATION

ATTENTION: The information you enter onto this form must match exactly to the information submitted on the FCC Lifeline Program Application Form and the National Verifier.

To apply for Lifeline service provided by Access Wireless, you must have first applied and been approved by USAC/National Verifier.

Please enter your USAC Application ID here:

Lifeline services are subject to availability. For available service options please visit accesswireless.com. Access Wireless's complete Terms and Conditions, including our Acceptable Use and Privacy Policies, apply and are available at www.accesswireless.com.

ACCESS WIRELESS APPLICANT INFORMATION

PLEASE PRINT LEGIBLY

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: ____/____/____ Last 4-digits of Social Security Number (or Tribal ID Number): XXX-XX-_____

Residence Address (No P.O. Boxes, must be your principal address)

Residential address: _____ APT/Unit: _____

City: _____ State: _____ ZIP Code: _____ This address is: ☐ Permanent ☐ Temporary

I am a Tribal Resident residing on Tribal Lands: ☐ Yes ☐ No

Billing/Shipping Address - if different from Residential (May contain P.O. Box):

Billing/Shipping address: _____ APT/Unit: _____

City: _____ State: _____ ZIP Code: _____

What is the best way to reach you (Check all that apply):

☐ E-Mail ☐ Phone ☐ Text Message ☐ Mail

Contact Phone Number: _____ E-mail Address: _____

☐ Check this box **ONLY if** you are qualifying through a child or dependent in your household. If so, fill out the information below.

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: ____/____/____ Last 4-digits of Social Security Number (or Tribal ID Number): XXX-XX-_____

FOR YOUR SECURITY WITH ACCESS WIRELESS

If you qualify, you will need an Account Passcode and security question to access your account. Please write them down for your own safekeeping.

• **CHOOSE YOUR ACCOUNT PASSCODE:** 4 – 6 numbers long, No symbols or letters (@#PRTE won't work) | **Your desired Passcode:** _____

• **Your Security Question & Answer:** What is the first school you attended? **Your Answer:** _____

Activation and Usage Requirements

You must activate it by dialing 611 from your Access Wireless handset. Access Wireless service is a prepaid service offered by the company to subscribers eligible for Lifeline and discount benefits in states where it is authorized to do so. To maintain your service and benefits, you must personally activate the service by placing a call, initiating data usage, or by responding to instructions from Access Wireless to activate the service. To keep your account active, you must use the service at least once during any 30-day period by completing an outbound call, sending a text message, using cellular data, purchasing additional service from Access Wireless, answering an in-bound call from someone other than Access Wireless, or by responding to a direct contact from Access Wireless confirming that you want to continue receiving service from Access Wireless. If your service goes unused for 30 days, you will no longer be eligible for Lifeline and your service may be suspended (allowing only 911 calls and calls to the Access Wireless's customer care center) subject to a 15-day cure period during which you must use the service (as described above) in order to fully re-activate your service, keep your telephone number and remain enrolled in Lifeline, as applicable.

☐ By checking this box, I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

PAGE 2: LIFELINE DISCLOSURES, AUTHORIZATIONS AND CERTIFICATIONS¹

Lifeline is a government benefit program operated by the Federal Communications Commission (FCC) that provides discounts on monthly broadband Internet access service and/or voice service.



INSTRUCTIONS: INITIAL EACH LINE, CHECK FINAL CERTIFICATIONS, SIGN AND DATE YOUR APPLICATION.

Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the Lifeline program.

Only one Lifeline benefit is available per household. A household is not permitted to receive discounted Lifeline services from multiple providers. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in you being de-enrolled from the Lifeline program.

Lifeline discount benefits are not transferrable to other households or persons. Eligibility for Lifeline is determined by the National Verifier and National Lifeline Accountability Database, administered by the Universal Service Administrative Company (USAC), or an alternative verification process approved by the FCC.

For more information about Lifeline and program eligibility requirements, call us at 1-866-594-3644 or visit www.AccessWireless.com/lifeline.

____ (1) I hereby certify that I have read and understood the disclosures listed above regarding Lifeline benefits and consent to enroll in Lifeline with Access Wireless.

____ (2) I authorize and give express consent for Access Wireless and its contracted partners to contact me to validate my eligibility for, desire to participate in, or subscription to Access Wireless's Lifeline offers and other products and services via email, telephone, or text messaging, including calls using an automated telephone dialing system, manually, or with pre-recorded/artificial voice messages. Text messaging and data rates may apply. Consent for emails, calls and texts is optional and can be revoked at any time by dialing 611 from my Access Wireless provided wireless number or by calling 1-866-594-3644 and revoking consent. However, I understand that opting out will not affect Access Wireless's ability to contact me with notices and messages regarding Lifeline and/or any other service or product via the methods listed herein. For more information see our Terms and Conditions and Privacy Policy at www.AccessWireless.com.

____ (3) I acknowledge that I am providing the information I have included in this form to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud, and abuse mitigation purposes. I also authorize CGM to receive and use my historic Lifeline enrollment information for verification and waste, fraud, and abuse mitigation purposes.

____ (4) I authorize Access its contracted partners, for the purpose of applying for, determining eligibility, enrolling in and seeking reimbursement of Lifeline benefits, to collect, use, share, and retain my personal information, including but not limited to information required for the purpose of establishing eligibility for and enrolling in the Lifeline program, and including, but not limited to, full name, full residential address, date of birth, last four digits of social security number, telephone number, eligibility criteria and status, the date on which the Lifeline service discount was initiated and if applicable, terminated, usage status and other compliance requirements, the amount of support being sought for the service, and information necessary to establish identity and verifiable address. This information may be shared with USAC to ensure proper administration of the Lifeline program. Failure to provide consent will result in me being denied Lifeline benefits and service.

Lifeline Eligibility Criteria and Initialed Certifications:

Program eligibility: _____ program

Income eligibility: _____ number of individuals in household

You must acknowledge each of the certifications below individually and under penalty of perjury:

____ (1) I meet the income-based or program-based eligibility criteria for Lifeline in FCC rule 47 C.F.R. § 54.409;

____ (2) I will notify Access Wireless within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;

____ (3) If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in FCC rule 47 C.F.R. 54.400(e);

____ (4) If I move to a new address, I will provide that new address to Access Wireless within 30 days;

____ (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

____ (6) The information contained in this certification form is true and correct to the best of my knowledge;

____ (7) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

____ (8) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to FCC rule 47 C.F.R. § 54.405(e)(4).

Lifeline Benefit Transfer Consent:

A subscriber already enrolled in Lifeline with another provider must consent to the transfer of their Lifeline benefit to Access Wireless. The effect of a Lifeline benefit transfer is that your Lifeline benefit will be applied to Access Wireless's Lifeline service and will no longer be applied to service retained from your former Lifeline service provider. You may be subject to your former Lifeline provider's undiscounted rates as a result of the transfer if you elect to maintain service from that provider.

____ (9) After receiving and reviewing the foregoing required disclosures, I consent to and authorize Access Wireless to transfer my current Lifeline benefit to Access Wireless, if I am found to already be receiving a Lifeline discount benefit from another Lifeline provider.

¹ Completion of this form does not eliminate the need for the applicant to complete the Standard Lifeline Application Form which is required.

CERTIFICATION OF TRUTH AND CORRECTNESS UNDER PENALTY OF PERJURY:

☐ By checking this box, I hereby certify, under penalty of perjury, that the information included in the foregoing applications and certifications are true and correct to the best of my knowledge.

FINAL DISCLOSURES, AUTHORIZATIONS & CERTIFICATIONS:

☐ **Lifeline** — By checking this box, I certify I have read and understood the disclosures for Lifeline and consent to enroll in **Lifeline with Access Wireless**.

TODAY'S DATE

APPLICANT'S SIGNATURE (Please use blue or black ink)

This signed authorization is required in order to enroll you in the Lifeline Program in your state and is only for the purpose of verifying your participation in this program and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Access Wireless. By my signature immediately above, I hereby certify under penalty of perjury, and under Title 18 U.S.C. § 1621, whoever willfully states as true any material matter which he/she does not believe to be true in a statement under penalty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both and can be barred from the program.